

## COMPLIANCE REVIEW WORKSHEET

FACILITY NAME: SPSA Landstown Transfer Station PERMIT NO.: 537

| YEAR                         | 1992     | 1993     | 1994     | 1995     | 1996     | 1997     | 1998     | 1999     | 2000     | 2001     | TOTAL    |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Inspections/Year             | 0        | 4        | 4        | 5        | 5        | 5        | 8        | 3        | 6        | 4        | 44       |
| Disclosure Statement         |          | 1        |          |          |          |          |          |          |          |          | 1        |
| Discharge to State Waters    |          |          |          |          |          |          |          |          |          |          | 0        |
| GW Monitoring Program        |          |          |          |          |          |          |          |          |          |          | 0        |
| Corrective Action Program    |          |          |          |          |          |          |          |          |          |          | 0        |
| GW Monitoring System         |          |          |          |          |          |          |          |          |          |          | 0        |
| Decomposition Gas            |          |          |          |          |          |          |          |          |          |          | 0        |
| Financial Responsibility     |          |          |          |          |          |          |          |          |          |          | 0        |
| Gas Management Plan          |          |          |          |          |          |          |          |          |          |          | 0        |
| Open Burning                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Authorized Waste Acceptance  |          |          |          |          |          |          |          | 1        |          |          | 1        |
| Leachate System/Monitoring   |          |          |          |          |          |          |          |          |          |          | 0        |
| Facility Design/Construction |          |          |          |          |          |          |          |          |          |          | 0        |
| HW/PCB Inspection            |          |          |          |          |          |          |          |          |          |          | 0        |
| Compaction and Cover         |          |          |          |          |          |          |          |          |          |          | 0        |
| Operators/Equip./Training    |          |          |          |          |          |          |          |          |          |          | 0        |
| Closure Plan                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Special Waste Disposal       |          |          |          |          |          |          |          |          |          |          | 0        |
| Fire Control and Plan        |          |          |          |          |          |          |          |          |          |          | 0        |
| Operator Certification       |          |          |          | 1        |          |          |          |          |          |          | 1        |
| Access Control/Attendant     |          |          |          |          |          |          |          |          |          |          | 0        |
| Disease Vector Control       |          |          |          |          |          |          |          |          |          |          | 0        |
| Monitoring Recording/Rptng.  |          |          |          |          |          |          |          |          |          |          | 0        |
| Permittee Reporting Rqmts.   |          |          |          |          |          |          |          |          |          |          | 0        |
| Housekeeping                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Waste Records Maintained     |          |          |          |          |          |          |          |          |          |          | 0        |
| Active Safety Program        |          |          |          |          |          |          |          |          |          |          | 0        |
| Miscellaneous                |          |          |          |          |          |          | 1        |          | 1        |          | 2        |
| <b>TOTALS</b>                | <b>0</b> | <b>1</b> | <b>0</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>1</b> | <b>1</b> | <b>1</b> | <b>0</b> | <b>5</b> |

AVERAGE VIOLATIONS PER INSPECTION: 0.11

## COMPLIANCE REVIEW WORKSHEET

FACILITY NAME: NRRA Composting Facility PERMIT NO.: 538

| YEAR                         | 1992     | 1993     | 1994     | 1995     | 1996     | 1997     | 1998     | 1999     | 2000     | 2001     | TOTAL    |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Inspections/Year             | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        |
| Disclosure Statement         |          |          |          |          |          |          |          |          |          |          | 0        |
| Discharge to State Waters    |          |          |          |          |          |          |          |          |          |          | 0        |
| GW Monitoring Program        |          |          |          |          |          |          |          |          |          |          | 0        |
| Corrective Action Program    |          |          |          |          |          |          |          |          |          |          | 0        |
| GW Monitoring System         |          |          |          |          |          |          |          |          |          |          | 0        |
| Decomposition Gas            |          |          |          |          |          |          |          |          |          |          | 0        |
| Financial Responsibility     |          |          |          |          |          |          |          |          |          |          | 0        |
| Gas Management Plan          |          |          |          |          |          |          |          |          |          |          | 0        |
| Open Burning                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Authorized Waste Acceptance  |          |          |          |          |          |          |          |          |          |          | 0        |
| Leachate System/Monitoring   |          |          |          |          |          |          |          |          |          |          | 0        |
| Facility Design/Construction |          |          |          |          |          |          |          |          |          |          | 0        |
| HW/PCB Inspection            |          |          |          |          |          |          |          |          |          |          | 0        |
| Compaction and Cover         |          |          |          |          |          |          |          |          |          |          | 0        |
| Operators/Equip./Training    |          |          |          |          |          |          |          |          |          |          | 0        |
| Closure Plan                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Special Waste Disposal       |          |          |          |          |          |          |          |          |          |          | 0        |
| Fire Control and Plan        |          |          |          |          |          |          |          |          |          |          | 0        |
| Operator Certification       |          |          |          |          |          |          |          |          |          |          | 0        |
| Access Control/Attendant     |          |          |          |          |          |          |          |          |          |          | 0        |
| Disease Vector Control       |          |          |          |          |          |          |          |          |          |          | 0        |
| Monitoring Recording/Rptng.  |          |          |          |          |          |          |          |          |          |          | 0        |
| Permittee Reporting Rqmts.   |          |          |          |          |          |          |          |          |          |          | 0        |
| Housekeeping                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Waste Records Maintained     |          |          |          |          |          |          |          |          |          |          | 0        |
| Active Safety Program        |          |          |          |          |          |          |          |          |          |          | 0        |
| Miscellaneous                |          |          |          |          |          |          |          |          |          |          | 0        |
| <b>TOTALS</b>                | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

AVERAGE VIOLATIONS PER INSPECTION: 0.00

## COMPLIANCE REVIEW WORKSHEET

FACILITY NAME: SPSA Ivor Transfer Station PERMIT NO.: 539

| YEAR                         | 1992     | 1993     | 1994     | 1995     | 1996     | 1997     | 1998     | 1999     | 2000     | 2001     | TOTAL    |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Inspections/Year             | 0        | 4        | 4        | 5        | 4        | 3        | 8        | 5        | 5        | 5        | 43       |
| Disclosure Statement         |          |          |          |          |          |          |          |          |          |          | 0        |
| Discharge to State Waters    |          |          |          |          |          |          |          |          |          |          | 0        |
| GW Monitoring Program        |          |          |          |          |          |          |          |          |          |          | 0        |
| Corrective Action Program    |          |          |          |          |          |          |          |          |          |          | 0        |
| GW Monitoring System         |          |          |          |          |          |          |          |          |          |          | 0        |
| Decomposition Gas            |          |          |          |          |          |          |          |          |          |          | 0        |
| Financial Responsibility     |          |          |          |          |          |          |          |          |          |          | 0        |
| Gas Management Plan          |          |          |          |          |          |          |          |          |          |          | 0        |
| Open Burning                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Authorized Waste Acceptance  |          |          |          |          |          |          |          |          |          |          | 0        |
| Leachate System/Monitoring   |          |          |          |          |          |          |          |          |          |          | 0        |
| Facility Design/Construction |          |          |          |          |          |          |          |          |          |          | 0        |
| HW/PCB Inspection            |          |          |          |          |          |          |          |          |          |          | 0        |
| Compaction and Cover         |          |          |          |          |          |          |          |          |          |          | 0        |
| Operators/Equip./Training    |          |          |          |          |          |          |          |          |          |          | 0        |
| Closure Plan                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Special Waste Disposal       |          |          |          |          |          |          |          |          |          |          | 0        |
| Fire Control and Plan        |          |          |          |          |          |          |          |          |          |          | 0        |
| Operator Certification       |          |          |          |          |          |          |          |          |          |          | 0        |
| Access Control/Attendant     |          |          |          |          |          |          |          |          |          |          | 0        |
| Disease Vector Control       |          |          |          |          |          |          |          |          |          |          | 0        |
| Monitoring Recording/Rptng.  |          |          |          |          |          |          |          |          |          |          | 0        |
| Permittee Reporting Rqmts.   |          |          |          |          |          |          |          |          |          |          | 0        |
| Housekeeping                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Waste Records Maintained     |          |          |          |          |          |          |          |          |          |          | 0        |
| Active Safety Program        |          |          |          |          |          |          |          |          |          |          | 0        |
| Miscellaneous                |          |          |          | 3        |          |          | 1        |          |          |          | 4        |
| <b>TOTALS</b>                | <b>0</b> | <b>0</b> | <b>0</b> | <b>3</b> | <b>0</b> | <b>0</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>4</b> |

AVERAGE VIOLATIONS PER INSPECTION: 0.09

## COMPLIANCE REVIEW WORKSHEET

FACILITY NAME: Hollins Road Transfer Station (RVRA) PERMIT NO.: 546

| YEAR                         | 1992     | 1993     | 1994     | 1995     | 1996     | 1997     | 1998     | 1999     | 2000     | 2001     | TOTAL    |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Inspections/Year             | 0        | 0        | 4        | 4        | 4        | 4        | 3        | 4        | 3        | 4        | 30       |
| Disclosure Statement         |          |          |          |          |          |          |          |          |          |          | 0        |
| Discharge to State Waters    |          |          |          |          |          |          |          |          |          |          | 0        |
| GW Monitoring Program        |          |          |          |          |          |          |          |          |          |          | 0        |
| Corrective Action Program    |          |          |          |          |          |          |          |          |          |          | 0        |
| GW Monitoring System         |          |          |          |          |          |          |          |          |          |          | 0        |
| Decomposition Gas            |          |          |          |          |          |          |          |          |          |          | 0        |
| Financial Responsibility     |          |          |          |          |          |          |          |          |          |          | 0        |
| Gas Management Plan          |          |          |          |          |          |          |          |          |          |          | 0        |
| Open Burning                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Authorized Waste Acceptance  |          |          |          |          |          |          |          |          |          |          | 0        |
| Leachate System/Monitoring   |          |          |          |          |          |          |          |          |          |          | 0        |
| Facility Design/Construction |          |          |          |          |          |          |          |          |          |          | 0        |
| HW/PCB Inspection            |          |          |          |          |          |          |          |          |          |          | 0        |
| Compaction and Cover         |          |          |          |          |          |          |          |          |          |          | 0        |
| Operators/Equip./Training    |          |          |          |          |          |          |          |          |          |          | 0        |
| Closure Plan                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Special Waste Disposal       |          |          |          |          |          | 1        |          |          |          |          | 1        |
| Fire Control and Plan        |          |          |          |          |          |          |          |          |          |          | 0        |
| Operator Certification       |          |          |          |          |          |          |          |          |          |          | 0        |
| Access Control/Attendant     |          |          |          |          |          |          |          |          |          |          | 0        |
| Disease Vector Control       |          |          |          |          |          |          |          |          |          |          | 0        |
| Monitoring Recording/Rptng.  |          |          |          |          |          |          |          |          |          |          | 0        |
| Permittee Reporting Rqmts.   |          |          |          |          |          |          |          |          |          |          | 0        |
| Housekeeping                 |          |          |          |          |          |          |          |          |          |          | 0        |
| Waste Records Maintained     |          |          |          |          |          |          |          |          |          |          | 0        |
| Active Safety Program        |          |          |          |          |          |          |          |          |          |          | 0        |
| Miscellaneous                |          |          |          |          |          |          |          |          |          |          | 0        |
| <b>TOTALS</b>                | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>1</b> |

AVERAGE VIOLATIONS PER INSPECTION: 0.03